

TACTICAL RESPONSE REPORT/Chicago Police Department

1 DATE OF INCIDENT 07-JUN-2016		2 TIME 00:15:00		3 ADDRESS OF OCCURRENCE 1438 W 83RD ST CHICAGO, IL 60638				4 LOCATION CODE 280		5 BEAT/GRID 0713	
MEMBER INVOLVED SUBJECT INFORMATION REASON FOR USE OF FORCE (Check all that apply)	6 POSITION 9181		7 LABT NAME WOJACZKA		8 FIRST NAME JACOB T		9 STAR NO 18257	10 RACE/ETHNICITY <input checked="" type="checkbox"/> 01 M / <input type="checkbox"/> 02 F / <input type="checkbox"/> WHI	11 AGE [REDACTED]	12 HT 508	13 WT 185
	14. DATE OF APPT 01-APR-2013		15 EMPLOYEE NO. [REDACTED]		16 UNIT & BEAT OF ASSIGNMENT 007 0715R		17 DUTY STATION <input checked="" type="checkbox"/> 01 On / <input type="checkbox"/> 02 Off / <input type="checkbox"/> 03 Vac / <input type="checkbox"/> 04 Yea / <input checked="" type="checkbox"/> 05 No / <input checked="" type="checkbox"/> 06 Yea / <input type="checkbox"/> 07 No	18 MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes / <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yea / <input type="checkbox"/> 02 No		
	20. PATIENT NAME SHIELDS		21. FIRST NAME ALAN		22. M1 LEE	23. M2 <input checked="" type="checkbox"/> 01 M / <input type="checkbox"/> 02 F / <input type="checkbox"/> BLK	24. RACE BLK	25. DOB 21-JUN-1984	26. HT 507	27. WT 160	
	28. ADDRESS 1812 S 60TH CT CICERO, IL				29. TELEPHONE NO [REDACTED]	30. WAS SUBJECT ARMED OR ARMED WITH <input checked="" type="checkbox"/> 01 Yes / <input type="checkbox"/> 02 No		31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes / <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yea / <input type="checkbox"/> 02 No		
	33. WHERE WAS MEDICAL TREATMENT OBTAINED?				34. BY WHOM? [REDACTED]	35. CONDITION <input type="checkbox"/> 01 Apparently Normal / <input checked="" type="checkbox"/> 02 Hospitalized / <input type="checkbox"/> 03 Not Hospitalized		36. APPROXIMATELY HARMFUL? <input type="checkbox"/> 01 Yes / <input checked="" type="checkbox"/> 02 No	37. APPROXIMATELY HARMLESS? <input type="checkbox"/> 01 Yes / <input checked="" type="checkbox"/> 02 No		
	38. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****				39. DNA	40. CB NO. 18323398	41. IN NO. 1443840	42. DNA			
	REASON FOR USE OF FORCE (Check all that apply)	43. PASSIVE REGISTER		44. ACTIVE REGISTER		45. ASSAULT/ASSAULT		46. ASSAULT/BATTERY		47. ASSAULT/BRADY FORCE	
		SUBJECT'S ACTIONS DID NOT FOLLOW VERBAL DIRECTION <input type="checkbox"/>		FLED <input type="checkbox"/>		IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>		ATTACK WITH WEAPON <input type="checkbox"/>		USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODY HARM <input type="checkbox"/>	
		STIFFENED (HEAD/WEIGHT) <input type="checkbox"/>		PULLED AWAY <input checked="" type="checkbox"/>		OTHER _____		ATTACK WITHOUT WEAPON <input type="checkbox"/>		WEAPON <input type="checkbox"/>	
		OTHER _____		OTHER PLAINING ARMS [REDACTED]		OTHER USED PLAINING ARMS [REDACTED]		OTHER USED PLAINING ARMS [REDACTED]		OTHER _____	
MEMBER'S RESPONSE MEMBER PRESENCE VERBAL COMMANDS ECCORT HOLDS WRISTLOCK ARMBAR PRESSURE SENSITIVE AREAS CONTROL INSTRUMENT OC/CHEMICAL WEAPON WAUTHORIZATION OTHER _____		OPEN HAND STRIKE TAKE DOWN / EMERGENCY HANDCUFFING OC CHEMICAL WEAPON CANINE TASER (Probe Discharge) TASER (Contact Blst) TASER (Spark Discharged) OTHER ATTEMPTED HANDCUFFIN		ELBOW STRIKE CLOSED HAND STRIKE/PUNCH IMPACT WEAPON (Description in Box 40) IMPACT MUNITION (Description in Box 40) OTHER EMERGENCY HANDCUFF		KNEE STRIKE KICKS IMPACT MUNITION (Description in Box 40)		FIREARM <input type="checkbox"/> OTHER _____			
48. OC/CHMICAL WEAPON AUTHORIZED BY (NAME)				49. ADDITIONAL INFORMATION RIO TRIED TO GAIN CONTROL OF COMBATIVE SUBJECTS LEFT ARM BY GRABBING THE SUBJECTS BICEP AND TRYING TO REMOVE IT FROM UNDER HIS BODY TO ATTEMPT TO COMPLETE EMERGENCY CUFFING							
POSITION		50. STAR NO	51. UNIT	52. INCIDENT OCCURRED <input checked="" type="checkbox"/> Indoors / <input type="checkbox"/> Outdoors		53. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight / <input type="checkbox"/> 02 Night / <input type="checkbox"/> 03 Dawn / <input type="checkbox"/> 04 Dusk / <input checked="" type="checkbox"/> 05 Poor Artificial / <input type="checkbox"/> 06 Good Artificial		54. WEATHER CONDITIONS OTHER			
55. WEAPON TYPE 01 SEMIAUTO PISTOL 02 REVOLVER 03 RIFLE 04 SHOTGUN 05 TASER (Probe Discharge) 06 TASER (Contact Blst) 07 OTHER				56. MAKE/MANUFACTURER		57. MODEL		58. BARREL LENGTH	59. CALIBER/GAUGE		
60. TASER DART ID NO.		61. WEAPON SERIAL NO. (Include Letters)		62. CHICAGO GUN REG. NO.		63. IL FIREARM OWNER ID. NO.		64. HANDGUN CERTIFICATE NO.			
65. SPECIAL WEAPON CERTIFICATE NO.		66. PROPERTY INVENTORY NO.		67. TYPE OF AMMUNITION USED		68. NO. OF WEAPONS DISCHARGED BY THIS MEMBER		69. TOTAL NO. OF SHOTS MEMBER FIRE			
70. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER / <input checked="" type="checkbox"/> 02 OFFENDER		71. WAB FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YEA / <input type="checkbox"/> 02 NO		72. NO. OF CARRY RIDGE/BL SHOT SHELLS RELOADED		73. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT 6102 (WAIST) / <input checked="" type="checkbox"/> 02 LT. SIDE (WAIST)		74. OTHER (Specify)			
75. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW / <input checked="" type="checkbox"/> 02 CROSS DRAW		76. SPECIFY METHOD/EQUIPMENT USED TO RELOAD		77. DID MEMBER USE BIFTS <input type="checkbox"/> 01 YEA / <input checked="" type="checkbox"/> 02 NO		78. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 010 - 5 FT. / <input type="checkbox"/> 02 66 - 10 FT / <input type="checkbox"/> 03 10 - 15 FT / <input type="checkbox"/> 04 OVER 15 FT					
79. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON / <input type="checkbox"/> 02 OBJECT / <input type="checkbox"/> 03 BOTH / <input type="checkbox"/> 04 UNKNOWN				80. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING / <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING / <input type="checkbox"/> 04 KNEELING / <input checked="" type="checkbox"/> 05 OTHER (Specify)							
81. CASE INFO. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC / <input type="checkbox"/> DSS & LT/DIST. OF OCCUR. / <input type="checkbox"/> CPIC NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC / <input type="checkbox"/> DSS/DIST. OF OCCUR & OCIC / <input type="checkbox"/> CPIC / <input type="checkbox"/> DET. DIV. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
82. SIGNATURES 75. REPORTING MEMBER (Print Name) WOJACZKA, JACOB T 07-JUN-2016 23:50:41 83. STAR/EMPLOYEE NO. 18257 84. SIGNATURE [REDACTED]											
85. REVIEWING SUPERVISOR (Print Name) POULOS, JOHN D 86. STAR NO. 814 87. SIGNATURE [REDACTED]											
88. DATE REVIEWED 07-JUN-2016 23:53:58 89. TIME											

1615818169
NO. 8700

H4226634

LIEUTENANT OR ABOVE/OCIC REVIEW

THE OFFICIAL INCIDENT COMMANDER (OIC) WILL COMPLETE THE REVIEW SECTION FOR 1) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2) ALL INCIDENTS INVOLVING SEVERE INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTION WITH A DEPARTMENT MEMBER; 3) ALL INCIDENTS INVOLVING THE DISCHARGE OR IMPACT OF A FIREARM BY A DEPARTMENT MEMBER; 4) ANY USE OF FORCE BY MEMBERS THAT USE OF FORCE IS NOT FROM THE SAME INCIDENT DESCRIBED HEREIN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

IN SUBJECT STATEMENT REGARDING THE USE OF FORCE	DKA	<input checked="" type="checkbox"/> RENDERED	INTERVIEW NOT CONDUCTED (Specify Reason)
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76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the facts as presented this R/LI believes that the officer followed all department policies, procedures, and the use of force according to the law.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

<input checked="" type="checkbox"/> I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES	<input type="checkbox"/> I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED	
LOD NO / CRNO _____ OBTAINED		
78. LIEUTENANT OR ABOVE/OCIC (Print Name) WIBERG, WAYNE A	SIGNATURE [REDACTED]	DATE COMPLETED TIME 08-JUN-2016 01:58:47

79. TOTAL IRNs THIS EVENT NO.